

Case: 3:08-cr-00105-bbc Document #: 327 (Ex Parte) Filed: 12/13/10 Page 1 of 1

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

1. CIR/DIST./DIV. CODE WIW	2. PERSON REPRESENTED Mendoza, Otoniel		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 03:08-000105-005	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER 08 CR 105
7. IN CASE/MATTER OF (Case Name) U.S. v. Mendoza	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Other

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

21 U.S.C 841A=CD.F-controlled substance-sell, distribute, or dispense

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- Authorization to obtain the service. Estimated Compensation and Expenses: \$ 1,500.00 OR \$ 52.50/hr.
 Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses)

Signature of Attorney

Jeff W Nichols

Date 12/13/2010

 Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Jeff W. Nichols, 354 West Main Street, Madison, WI 53703

Telephone Number: (608) 249-8020

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

Interpreter needed. Client speaks very little English.

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judge or By Order of the Court

12-9-10

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

 YES NO

14. TYPE OF SERVICE PROVIDER

- | | | | |
|----|--|----|--|
| 01 | <input type="checkbox"/> Investigator | 15 | <input type="checkbox"/> Other Medical |
| 02 | <input checked="" type="checkbox"/> Interpreter/Translator | 16 | <input type="checkbox"/> Voice/Audio Analyst |
| 03 | <input type="checkbox"/> Psychologist | 17 | <input type="checkbox"/> Hair/Fiber Expert |
| 04 | <input type="checkbox"/> Psychiatrist | 18 | <input type="checkbox"/> Computer (Hardware/Software/Systems) |
| 05 | <input type="checkbox"/> Polygraph | 19 | <input type="checkbox"/> Paralegal Services |
| 06 | <input type="checkbox"/> Documents Examiner | 20 | <input type="checkbox"/> Legal Analyst/Consultant |
| 07 | <input type="checkbox"/> Fingerprint Analyst | 21 | <input type="checkbox"/> Jury Consultant |
| 08 | <input type="checkbox"/> Accountant | 22 | <input type="checkbox"/> Mitigation Specialist |
| 09 | <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) | 23 | <input type="checkbox"/> Duplication Services (See Instructions) |
| 10 | <input type="checkbox"/> Chemist/Toxicologist | 24 | <input type="checkbox"/> Other (Specify) |
| 11 | <input type="checkbox"/> Ballistics | | |
| 13 | <input type="checkbox"/> Weapons/Firearms/Explosive Expert | | |
| 14 | <input type="checkbox"/> Pathologist/Medical Examiner | | |

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED)	\$0.00	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS

Lynn M. Leazer, 8456 Messerschmidt Dr.
Verona, WI 53593

TIN: _____

Telephone Number: (608) 575-0917

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00
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- 23 Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
 Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	Date	Judge Code
			27. TOTAL AMOUNT APPROVED \$0.00	

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____